Name In Full

George, H. Adams

Certificate of Death

Died at Town: Towson County: Baltimore MARYLAND

Date 1899 Month: Sept Day: 15

Age Y. 57 M. D.

Native of: Virginia

Occupation: Laborer

Male ~~Female~~ ~~White~~ Colored

Married ~~Single~~ ~~Widow~~ ~~Widower~~ ~~Divorced~~

Number of children living None

Husband of Wife

Father's Name: Do not Know

Mother's Name: Do not Know

Cause of Death — Primary: Tetanus 5 d

Immediate: do

How long sick

Accident, ~~Suicide~~, ~~Homicide~~

Reported by: W. H. Daniel M.D.

Address: Towson

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 7888B

Attended by Dr. W. C. Jarrett

of Towson Maryland

Seen by Coroner .....

of .....

Information contained in this certificate received

from .....

of .....

Name in Full

Certificate of Death

Bailey

Died at Mr. Winans Town County Baltimore MARYLAND

Date 189 9 Month 9 Day 6 | Age Y. M. D. | Native of | Occupation

Male ~~White~~ Married Widow Divorced

~~Female~~ Colored Single Widower Number of children living

Husband of Wife

Father's Name John Bailey Mother's Name Fiely Bailey

Cause of Death { Primary Still born | How long sick

Immediate | Accident, Suicide, Homicide

Reported by John P. James (Coroner)

Address Mr. Winans, Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898

Name In Full — Certificate of Death

Joseph S M Basil (Annapolis Md)

Died at Town: Sheppard & Enoch P Hosp — County: Towson Balto Co — MARYLAND

Date 189 9 — Month: Sept — Day: 5 — Age: Y. 66 M. — D. — — Native of: Md — Occupation: Merchant

Male ~~Female~~ — White ~~Colored~~ — ~~Married~~ ~~Single~~ ~~Widow~~ Widower ~~Divorced~~ — Number of children living: 7

Husband of / Wife: —

Father's Name: —

Mother's Name: —

Cause of Death — Primary: General Atheroma 59 — How long sick: 2 Yrs 3 Mos

Immediate: Exhaustion of Melancholia — ~~Accident, Suicide, Homicide~~

Reported by: E N Brink

Address: Sheppard & Enoch Pratt Hosp Towson

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79993

Name in Full ~~X~~ 5586

Certificate of Death

Mary E. Bauer

Died at Town: Mt Hope Retreat County: Balto. Md MARYLAND

Date 189	Month	Day	Age Y.	M.	D.	Native of	Occupation
	9	26	54	—	—	Md	Nurse

~~Male~~ Female — ~~White~~ ~~Colored~~ — ~~Married~~ Single ~~Widow~~ ~~Widower~~ — ~~Divorced~~ — ~~Number of children living~~

Husband of
Wife

Father's Name [redacted]

Mother's Name 46

Cause of Death — Primary: Uraemia Chronic — How long sick: 11yrs Here

Immediate: Cerebral Hemorrhage (4 days) ~~Accident, Suicide, Homicide~~

Reported by Frank J. Flannery, M.D.

Address Mt Hope [redacted] Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU. 70708

Residence of
Baltimore Md-

Name in Full # 5557 Mary Catharine Bayless

Certificate of Death

Died at Town Canton County Baltimore MARYLAND

Date 1899 Month 9 Day 25 Age Y. 41 M. — D. — Native of Md. Occupetion Housekeeper

~~Male~~ White Married ~~Widow~~ ~~Divorced~~

Female ~~Coloured~~ ~~Single~~ ~~Widower~~ Number of children living three

~~Husband~~ Wife of Thomas Bayless 57

Father's Name George J. Streckfus Mother's Name dont know

Cause of Death Primary Hyperkeeplay of

Immediate Heart with Dropsy

How long sick about 5 1/2 months

~~Accident, Suicide, Homicide~~

Reported by E. J. Williams MD

Address 1114 Chesapeake St

Must be signed by physicien, if any in attendance, otherwise by coroner, underteker or minister.

LIBRARY BUREAU, 79998

Attended by Dr. .....

of .....

Seen by Coroner .....

of .....

Information contained in this certificate received

from .....

of .....

Name in Full

Certificate of Death

*5522 George Beck

Town

Died at Bay View Asylum (Insane Dept.) County Baltimore County MARYLAND

Month	Day	Y.	M.	D.	Native of	Occupation
Date 1899 Sept	12	Age 49	—	—	Indiana	Laborer

Male ~~Female~~ | White Colored | Married Single | ~~Widow~~ Widower | ~~Divorced~~ Number of children living

~~Husband~~ of ~~Wife~~ Barbara Beck 616. Columbia Ave. Balto

Father's Name | Mother's Name

Cause of Death — Primary: General Paresis 45 — How long sick: Several months.

Immediate: Exhaustion — Accident, Suicide, Homicide

Reported by R. A. Urquhart M. D.

Address Bay View Asylum

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898

Born in Indiana

in Balt^o 15 years

Name in Full — Certificate of Death

Izaiah K. Beem

Died at Town: Owings Mills — County: Baltimore — MARYLAND

Date 189 9 — Month 9 — Day 14 — Age Y. 68 M. 11 D. 10 — Native of Ohio — Occupation merchant

~~Male~~ / ~~Female~~ — ~~White~~ / ~~Colored~~ — ~~Married~~ / ~~Single~~ / ~~Widow~~ / Widower — ~~Divorced~~ — Number of children living 5

Husband / Wife of Eliza S Beem

Father's Name —

Mother's Name

Cause of Death — Primary: Paralysis 44 — How long sick: 7 days

Immediate: Paralysis — ~~Accident, Suicide, Homicide~~

Reported by W H Campbell

Address Owings Mills Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU. 79808

Attended by Dr. _____

of _____

Seen by Coroner _____

of _____

Information contained in this certificate received from _____

of _____

Name in Full Elva Margarete Bloom

Certificate of Death

Died at Town Catonsville County Balto Co MARYLAND

Date 189 9 Month Sept Day 11th Y. M. D. Age 10 Native of Occupation

~~Male~~ Female White ~~Colored~~ Married Single Widow Widower Divorced Number of children living 2

Husband of Wife

Father's Name Lewis J Bloom Mother's Name Mary Elizabeth

Cause of Death Primary Pertussis 7 How long sick 4 or 5 Weeks

Immediate Cerebral Meningitis Accident, Suicide, Homicide

Reported by J Chas MacGill

Address Catonsville Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU. 79898

Name in Full

Certificate of Death

Edna Catherine Bodie

Died at Town Blenheim County Baltimore MARYLAND

Date 1899 Month Sep Day 5 Age Y. 2 M. 14 D. Native of County Occupation —

~~Male~~ White ~~Married~~ ~~Widow~~ ~~Divorced~~

Female ~~Colored~~ ~~Single~~ ~~Widower~~ ~~Number of children living~~

Husband of Wife —

Father's Name Paul Bodie Mother's Name Annie Miller Bodie

Cause of Death Primary Marasmus 82 How long sick Since birth

Immediate Prostration ~~Accident, Suicide, Homicide~~

Reported by R. Percy Smith M.D.

Address Sunny Brook Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU 79706

Name in Full Louisa Bomhardt

Certificate of Death

Died at Town Canton County Balto MARYLAND

Date 1899 Month Sept. Day 17 | Age Y. 64 M. 4 D. 0 | Native of Germany | Occupation Housekeeper

Male | White ✓ | Married | Widow ✓ | Divorced

Female ✓ | Colored | Single | Widower | Number of children living 6

Husband of Wife

Father's Name | Mother's Name

Cause of Death: Primary Carcinoma | How long sick 6 mos

Immediate Asthenia & Dropsy | Accident, Suicide, Homicide

Reported by A. J. Sauer M.D.

Address Balto. Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU. 79898

Attended by Dr. .....

of .....

Seen by Coroner .....

of .....

Information contained in this certificate received

from .....

of .....

Name in Full

Certificate of Death

Rosa Bond

Died at Town: Maryland Line

County: Baltimore

MARYLAND

Date 1899 — Month: 9 Day: 13

Age — Y.: 8 M.: — D.: —

Native of: Md

Occupation: child

~~Male~~ / Female

White / ~~Colored~~

~~Married~~ / Single

~~Widow~~ / ~~Widower~~

~~Divorced~~

~~Number of children living~~

Husband / Wife of

Father's Name: Smith D Bond

Mother's Name: Rachel Bond

Cause of Death — Primary: Spasmodic Laryngitis

Immediate: Suffocation. 8c

How long sick: 24 hrs

~~Accident, Suicide, Homicide~~

Reported by: Daniel V Mayer MD

Address: Maryland Line Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898

Name in Full — Certificate of Death

Marion Catherine Bone

Died at 916 Bouldin St. (Town) (County) Balto. MARYLAND

Date 189 9 — Month 9 — Day 2 | Age Y. 19 M. 3 D. 14 | Native of | Occupation

~~Male~~ Female | White | ~~Married~~ | ~~Widow~~ | ~~Divorced~~

~~Colored~~ | Single | ~~Widower~~ | ~~Number of children living~~

Husband of Wife 22 f

Father's Name Wm. H. Bone

Mother's Name Catherine

Cause of Death — Primary: Acute Miliary Tuberculosis — How long sick: About 1 month

Immediate: Exhaustion — Accident, Suicide, Homicide

Reported by W. L. Rickard, M.D.

Address 910 Eutaw St.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 78898

Name in Full

Certificate of Death

Elias Nelson Cooker

Died at Town: Hereford County: Balto. MARYLAND

Date 189 4 Month 9 Day 24 | Age Y. 7 M. 2 D. 17 | Native of Md. | Occupation Child

Male / ~~Female~~ | White / ~~Colored~~ | ~~Married~~ / Single | Widow / ~~Widower~~ | ~~Divorced~~ / Number of children living

~~Husband~~ / Wife of

Father's Name Elias Booker | Mother's Name Mary E. Cooker

Cause of Death — Primary: Typhoid Malarial fever | How long sick: five weeks

Immediate: Enteritis | ~~Accident~~, ~~Suicide~~, ~~Homicide~~

Reported by J. R. Whitaker

Address Hereford Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 70706

Name in Full

Certificate of Death

Airy Francis Bosley

Died at Town Cockeysville County Balto MARYLAND

Date 1899 Month Sept Day 4 Age Y. 16 M. 10 D. 12 Native of Md Occupation None

~~Male~~ ~~White~~ ~~Married~~ ~~Widow~~ ~~Divorced~~

Female Colored Single ~~Widower~~ ~~Number of children living~~

~~Husband~~ ~~Wife~~ of

Father's Name John Bosley Mother's Name Ellen Ringgold Bosley

Cause of Death Primary Lyphoid fever 1 How long sick

Immediate Intestinal Perforation Accident, ~~Suicide, Homicide~~

Reported by Dr B. B. Benson

Address Cockeysville Balto. Co. Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79706

Name in Full Mary A. Barker

Certificate of Death

Town Baltimore County MARYLAND

Died at 1019 N. Baldwin St.

Month	Day	Y.	M.	D.	Native of	Occupation
Sept.	20	29				

Date 189 Age

~~Male~~ / Female

White / ~~Colored~~

~~Married~~ / Single

~~Widow~~ / ~~Widower~~

~~Divorced~~

~~Number of children living~~

Husband of

Wife

Father's Name

Mother's Name 22a

Cause of Death — Primary: Int. Hemorrhage

Immediate: Card. Paralysis

How long sick

Accident, Suicide, Homicide

Reported by Frank C. Bressler M.D.

Address 1713 Bank St.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79849

Name in Full

Certificate of Death

William Brown

Died at Town: Fairview County: Balt - MARYLAND

Date 1899 Month 9 Day 2 | Age Y. 61 M. 11 D. 12 | Native of Md | Occupation Laborer

Male / Female | White / Colored | Married / Single | Widow / Widower | Divorced

Number of children living 9

Husband of Wife: Mary Brown

Father's Name: George Brown

Mother's Name: Annie M. Stick

Cause of Death: Primary Cancer 256

Immediate Stricture ~~Sep~~ Esophagus

How long sick about 3 mo's

Accident, Suicide, Homicide

Reported by Dr. Jas. H. Wilson

Address Fowblesburg Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898

Name In Full

Certificate of Death

Sheridan Burgess

Town

County

Died at

MARYLAND

Date 1899 Month Sept. Day 30 | Age Y. 29 M. D. | Native of | Occupation

Male ~~White~~ ~~Married~~ Widow Divorced

~~Female~~ Colored Single Widower Number of children living

Husband of Wife

Father's Name

Mother's Name

145 a

Cause of Death { Primary

Immediate Gun shot mound

How long sick

Accident, Suicide, Homicide

Reported by Balto. Co. Democrat.

Address

Oct. 7/99

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU. 79898

Dr. Chas. L. Mattfeldt.

Name in Full | Certificate of Death

Catherine Agnes Burns

Died at Town: Cockeysville County: Balto MARYLAND

Date 1899 Month: Sept Day: 16 | Age Y. 19 M. D. | Native of: Md | Occupation: School - Pupil

~~Male~~ White ~~Married~~ ~~Widow~~ ~~Divorced~~

Female ~~Colored~~ Single ~~Widower~~ Number of children living

~~Husband~~ of ~~Wife~~

226

Father's Name: Wm Burns | Mother's Name: Mary Burns

Cause of Death: Primary: Pulmonary Tuberculosis | How long sick: 9 Months

Immediate: Gastro Intestinal Catarrh | ~~Accident, Suicide, Homicide~~

Reported by: Dr W. R. Benson

Address: Cockeysville Balto Co. Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79706

Name in Full ✕ 5479

Susie Burrough

Certificate of Death

Town Catonsville County Baltimore

Died at Catonsville MARYLAND

Date 1899	Month Sept	Day 23"	Age Y. 40	M. 4 mont.	D.	Native of Maryland	Occupation None

~~Male~~ Female | White ~~Colored~~ | ~~Married~~ Single | ~~Widow~~ ~~Widower~~ | ~~Divorced~~ ~~Number of children living~~

Husband of Wife

Father's Name

Mother's Name Mrs M. E. Burrough

Cause of Death: Primary Chronic Nephritis 97 — How long sick 7 Years

Immediate Exhaustion — Accident, Suicide, Homicide

Reported by [illegible] M.D.

Address P.O. Box 107 Catonsville, Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 58968

Name in Full | Certificate of Death

Emma Carroll

Died at Town: Bickersville County: Baltimore MARYLAND

Date 1899 Month: Sept Dey: 19 | Age Y. 40 M. — D. | Native of: Md | Occupation: House-wife

~~Male~~ White Married ~~Widow~~ ~~Divorced~~

Female ~~Colored~~ ~~Single~~ ~~Widower~~ Number of children living 7

~~Husband~~ Wife of George Carroll

Father's Name James G. Cullen ~~David Christy~~ Mother's Name Mrs Cullen

Cause of Death: Primary Pregnancy 121 | How long sick

Immediate Uraemia | Accident, Suicide, Homicide

Reported by Dr J E Benson

Address Bickersville Md

Must be signed by physicien, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79706

Name in Full | Certificate of Death

Mary Annie Chenoweth

Died at Town: Baynesville | County: Baltimore | MARYLAND

Date 1894 | Month: Sept. | Day: 20 | Age: Y. 30 M. — D. — | Native of: Balto. Co. | Occupation: Housewife

~~Male~~ | White | Married | ~~Widow~~ | ~~Divorced~~

Female | ~~Colored~~ | ~~Single~~ | ~~Widower~~ | Number of children living: 3

~~Husband~~ Wife of: Ballads Chenoweth

Father's Name: George Brechner | Mother's Name: Annie Brechner

Cause of Death:
- Primary: Peritonitis 93
- Immediate: Failure vital forces

How long sick: about 1 week

~~Accident, Suicide, Homicide~~

Reported by: A. X. Whiteford M.D. per L. I. Whiteford M.D.

Address: Parkville Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 70008

Name in Full

Certificate of Death

William Clarke.

Died at Town: Mt Hope Retreat — County: Baltimore Co — MARYLAND

Date 1899 Month: 9 Day: 16 | Age Y.: 78 M.: — D.: — | Native of: Ireland | Occupation: Clergyman

Male ~~Female~~ | White ~~Colored~~ | ~~Married~~ Single | Widow ~~Widower~~ | ~~Divorced~~ ~~Number of children living~~

Husband ~~of~~
Wife

Father's Name

Mother's Name

Cause of Death — Primary: Mania Chronic 46 — How long sick: 38 yrs - 2 wks -

Immediate: Diarrhoea - (2 wks Duration) — Accident, Suicide, Homicide

Reported by Frank J. Flannery M.D.

Address Mt Hope Retreat Balto Co Md -

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79708

Not a Resident of
Baltimore or State -

Stewart & Mowen
Undertakers
215 & 217 Park ave
City

Name in Full: Helen Margaret Connors

Certificate of Death

Died at (Town): Dickeyville (County): Baltimore MARYLAND

Date 1899 Month: Sept. Day: 10th Age Y. 1 M. 3 D. Native of: Balto, Md. Occupation:

~~Male~~ ~~White~~ ~~Married~~ ~~Widow~~ ~~Divorced~~

Female ~~Colored~~ Single ~~Widower~~ ~~Number of children living~~

Husband of Wife

Father's Name: Thomas Connors. Mother's Name: Catherine Connors.

Cause of Death: Primary: Cholera Infantum — How long sick: 2 weeks

Immediate: Syncope 82 — ~~Accident, Suicide, Homicide~~

Reported by: Heaton Mommonier Jr. M.D.

Address: Dickeyville Maryland.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79706

Name in Full Book

Certificate of Death

Died at Town Mt Winans County Balto MARYLAND

Date 189 9 Month Sept Day 28 | Age Y. M. D. Still born | Native of | Occupation

Male ~~Female~~ | ~~White~~ Colored | ~~Married~~ Single | Widow Widower | Divorced ~~Number of children living~~

~~Husband~~ Wife of

Father's Name John Cook

Mother's Name Ella Cook

Cause of Death: Primary Still born; immediate

How long sick

Accident, Suicide, Homicide

Reported by Mrs Jackson

Address Mt Winans Balto Co Md

John A. James J.P.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898

Attended by Dr. .....

of .....

Seen by Coroner .....

of .....

Information contained in this certificate received

from .....

of .....

Name in Full #5543 Chas. G. Corer. #5543

Certificate of Death

Died at Town Bay View County Hospital Balto. MARYLAND

Date 189 9 Month 9 Day 19 | Age Y. 34 M. D. | Native of Md. | Occupation Enamel worker

Male ~~Female~~ White ~~Colored~~ Married ~~Single~~ ~~Widow~~ Widower ~~Divorced~~ ~~Number of children living~~

Husband of Wife

Father's Name

Mother's Name 22a

Cause of Death: Primary Phthisis Pulmonalis | How long sick Indefinite

Immediate Asthenia. Sepsis. | Accident, Suicide, Homicide

Reported by J. W. Holland M.D.

Address Bay View Hospital

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898

Born. Md. 34 yrs.
Balto. 10. "

Name in Full Elisabeth Dahme

Certificate of Death

Died at 531 O'Donnell St. Town County Baltimore MARYLAND

Date 189 9 Month 9 - Day 9 | Age Y. 26 M. D. | Native of | Occupation Housewife

~~Male~~ White Married Widow Divorced

Female ~~Colored~~ ~~Single~~ Widower Number of children living

Husband of Wife

Father's Name

Mother's Name

Cause of Death: Primary Meningitis 39a | How long sick 12 days.

Immediate | Accident, Suicide, Homicide

Reported by P. G. Dausch M.D.

Address 1731 E. Baltimore St.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79895

Name in Full Mrs. Catherine Dentry

Certificate of Death

#5565 Mrs Gentry

Died at Town Gorsuston County Bucks MARYLAND

Date 189 9 Sep Month 27 Day | Age Y. 8 M. D. | Native of Md | Occupation

Male White Married Widow Divorced

Female Colored Single Widower Number of children living None

~~Husband~~ of Wife Robert Dentry

Father's Name

Mother's Name

141

Cause of Death: Primary Old age

Immediate Paralysis

How long sick

Accident, Suicide, Homicide

Reported by Dr Geo H Hoeldry

Address Gorsuston

Must be signed by physician, if any in attendance, otherwise coroner, undertaker or minister.

LIBRARY BUREAU, 79898

Attended by Dr. .....

of .....

Seen by Coroner .....

of .....

Information contained in this certificate received

from .....

of .....

Name in Full | Certificate of Death

Eliza Devers

Died at ~~Town~~ Stevenson | County Balt | MARYLAND

Date 1899 | Month 9 | Day 12 | Age Y. 87 M. D. | Native of Md | Occupation Housewife

~~Male~~ Female | White ~~Colored~~ | ~~Married~~ ~~Single~~ | Widow ~~Widower~~ | ~~Divorced~~ | Number of children living five

~~Husband~~ Wife of John Devin Deceased

Father's Name — | Mother's Name —

Cause of Death: Primary Apoplexy 42 | How long sick 12 hours

Immediate Cerebral Hemorrhage | Accident, Suicide, Homicide

Reported by H Louis Naylor

Address Pikesville Md

Must be signed by physician, if any in attendance, otherwise by c[illegible]r, undertaker or minister.

LIBRARY BUREAU, 79[illegible]

Name in Full

Certificate of Death

John Henry Dorney

Died at Town Gardenville County Balto MARYLAND

Date 1894 Month Sept. Day Age Y. 63 M. D. Native of Germany Occupation Carpenter

Male ~~Female~~ White ~~Colored~~ Married ~~Single~~ Widow ~~Widower~~ Divorced

Number of children living 2

Husband of Wife Eliz Dorney 152 a

Father's Name Mother's Name

Cause of Death Primary Injury to back and Immediate Spinal Cord

How long sick 7 days

Accident, ~~Suicide~~, ~~Homicide~~

Reported by Wm L Corse MD

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79706

Name In Full

Certificate of Death

Duncan

Died at Town Woodensburg County Balto MARYLAND

Date 1897 Month Sep Day 29 Age Y. M. D. 7 Native of Md Occupation —

~~Male~~ White ~~Married~~ ~~Widow~~ ~~Divorced~~

Female ~~Colored~~ Single ~~Widower~~ Number of children living

Husband of Wife

Father's Name Marrion Duncan Mother's Name Julia Duncan

Cause of Death Primary Regulation birth 13 ft How long sick 7 days

Immediate Jaundice ~~Accident, Suicide, Homicide~~

Reported by James Gore M.D.

Address Reisterstown Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79998

Attended by Dr. _____

of _____

Seen by Coroner _____

of _____

Information contained in this certificate re-

ived from _____

of _____

Name in Full #5576 Certificate of Death

Elizabeth Dugent

Died at Town St Denis County Balto MARYLAND

Date 1899 Month Sept Day 30 | Age Y. 69 M. 11 D. 19 | Native of Balto City | Occupation —

~~Male~~ White Married ~~Widow~~ ~~Divorced~~ 7

Female ~~Colored~~ ~~Single~~ ~~Widower~~ ~~Number of children~~ living None

Husband of Wife Frank Dugent

Father's Name Mother's Name 44

Cause of Death: Primary Cerebral Paralysis — How long sick Six days

Immediate Exhaustion — Accident, Suicide, Homicide

Reported by E. G. Welch M.D.

Address 607 N Charles St Baltimore

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898

Attended by Dr. .....

of .....

Seen by Coroner .....

of .....

Information contained in this certificate received

from .....

of .....

Name in Full #5549 Certificate of Death

Edward Dunnigan

Died at Town Canton County Baltimore MARYLAND

Date 1899 Month 8th Day 21st Age Y. 65 M. — D. — Native of Ireland Occupation none

Male ~~Female~~ White ~~Colored~~ ~~Married~~ ~~Single~~ ~~Widow~~ Widower ~~Divorced~~ Number of children living 9

Husband ~~Wife~~ of the late Bridget Dunnigan

Father's Name — done Know Mother's Name done Know

Cause of Death Primary Inflam of Liver How long sick about 2 weeks

Immediate Cholemia ~~Accident, Suicide, Homicide~~

Reported by 92 E. Wellesley M.D.

Address 1114 Chesapeake St.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898

Attended by Dr. .....

of .....

Seen by Coroner .....

of .....

Information contained in this certificate received

from .....

of .....

Name in Full Pius Ebauer

Certificate of Death 41

Died at Town Canton County Baltimore MARYLAND

Date 1899 Month Sept. Day 7 | Age Y. 38 M. — D. — | Native of Germany | Occupation Butcher

Male / Female (struck) | White / Colored (struck) | Married / Single (struck) | Widow (struck) / Widower (struck) | Divorced / | Number of children living three

Husband / Wife (struck) of Anna Waltnecker

Father's Name John Ebauer | Mother's Name don't know

Cause of Death — Primary: Typhoid Fever | How long sick 8 days

Immediate: " | " | Accident, Suicide, Homicide (struck)

Reported by Jesse W. Williams M. D.

Address 1114 Cheapeake St.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU 79706

Name in Full 5483 Certificate of Death

William M. Ellicott

Died at Town Ruston, P.O. County Baltimore MARYLAND

Date 1899 Month 9. Day 2. | Age Y. 91. M. 11. D. 2. | Native of Baltimore Cty. | Occupation Merchant.

Male / ~~Female~~ | White / ~~Colored~~ | ~~Married~~ / ~~Single~~ | ~~Widow~~ / Widower | ~~Divorced~~ / Number of children living 4

Husband of Wife

Father's Name Thomas Ellicott. Mother's Name Mary M. Ellicott

Cause of Death: Primary Dysentery 81 | How long sick about 3 weeks

Immediate Asthenia | ~~Accident, Suicide, Homicide~~

Reported by William J. Todd M.D.

Address Mt Washington Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898

Attended by Dr. .....

of .....

Seen by Coroner .....

of .....

Information contained in this certificate received

from .....

of .....

Name in Full #5537 Certificate of Death

Bridget Farron

Died at Town Bay View County Hospital MARYLAND

Date 1899 Month 9 Day 17 | Age Y. 74 M. D. | Native of Ireland | Occupation Domestic

~~Male~~ White ~~Married~~ Widow ~~Divorced~~

Female ~~Colored~~ ~~Single~~ ~~Widower~~ Number of children living

Husband of Wife

Father's Name Mother's Name 97

Cause of Death: Primary Senility Chronic Nephritis — How long sick Indefinite

Immediate Pulmonary Oedema — Accident, Suicide, Homicide

Reported by J. W. Holland M.D.

Address Bay View Hospital

Must be signed by physician, if any in attendance, otherwise by coronar, undertaker or ministar.

LIBRARY BUREAU, 79898

Born in Ireland 74

U. S. 55

...to the Remarks below, and to List of Diseases on back of th...

...HEALTH DEPARTMENT, CITY OF BALTIMORE.

No. A 5526 Office of Registrar of Vital Statistics. Ward ...

...he Physician who attended any person in a last illness is responsible for the presentation of th... ...ly filled out to the undertaker or other person superintending the burial, within *twenty-four hours* afte... ...eased, or sooner, if requested to do so, under penalty of law.

No Permit for Burial can be obtained without a Proper Certifi...

CERTIFICATE OF DEATH.

Date of Death Sept 13 - 99 —

Full Name of Deceased, {Write legibly with ink and spell correctly. If an infant not named give names of parents.} Leo Fitzsimmons

Sex, Male ~~or Female~~, {Cross out the words not required in this line.}

Age, — *Years,* 4 *Months* — *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} —

Occupation, —

Birthplace, {State or County, and how long in the United States, if of foreign birth.} City

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give Street and Number.} 225 Cloranout St Hillentown Balto County

Cause of Death, First, (Primary) Gastro-Enteritis
Second, (Immediate) Exhaustion

Duration of Last Sickness, 3 mos.

All the above information should be furnished by the Physician

Place of Burial, Boney Brae

Date of Burial, Sep 15th 99

Undertaker, W Dippel & son

Place of Business, 330 S Bond St

Frank C Brandt M. D.,
Medical Attendant.

Address 1713 Bank St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall b... duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes un... to furnish within twenty-four hours after the death, to the Undertaker, or other persons superintending ... certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whet... single) of the person deceased, and the cause and date of death.

J. W. Bond Co., Printers and Stationers, Balto.

The Following ... Ill...

Enumerated Below.

M—Mode of Death.

NAL MENINGITIS—Variety, whether Epi-
c or simply Inflammatory.

—Circumstances producing Death.

d Seat.

s—Mode of Death.

ON—Mode of Death.

F HEART—Variety. Valves involved.

OPSY—Variety and Cause.

ENTERITIS AND GASTRO-ENTERITIS—Cause, whether Diarrhœal or not.

ERYSIPELAS—Seat and cause.

FRACTURES—Cause and Mode of Death.

GANGRENE—Seat and Cause.

GASTRITIS—Cause.

HERNIA—Variety and Mode of Death.

INSANITY—Variety and Mode of Death.

JAUNDICE—Cause and Mode of Death.

MANIA, ACUTE—Cause and Mode of Death.

MISCARRIAGE—Cause and Mode of Death.

MALIGNANT PUSTULE—Location and Cause.

MALFORMATION—Variety.

METRITIS—Variety and Cause.

NECROSIS—Seat. Cause and Mode of Death.

OVARIAN TUMOR—Mode of Death.

PARALYSIS—Variety and Cause.

PERITONITIS—Cause.

PHLEBITIS—Cause.

PYAEMIA—Cause. Nature of Injury, if any.

PREMATURE BIRTH—Cause. Fœtal age.

PRETERNATURAL BIRTH—Manner of.

SYPHILIS—Variety. Chief Location and Mode of Death.

TETANUS—Nature of Injury, if any.

ULCER—Nature. Chief Location and Mode of Death.

WOUNDS—Cause, Variety, Seat and Mode of Death.

ABSCESS—Cause, Location and Mode of Death.

Specify every Surgical Operation with fatal result.

Mention INTEMPERANCE whenever recognized as having produced or complicated the direct cause of Death.

C. HAMPSON JONES, M. D.,

Commissioner of Health and Registrar.

REMARKS:

Name in Full

Certificate of Death

Margaret Jane Freeland.

Town

County

Died at Maryland Line, Baltimore MARYLAND

	Month	Day		Y.	M.	D.	Native of	Occupation
Date 1899	9	27	Age	68	5	21	Md.	Housewife

~~Male~~ Female | White ~~Colored~~ | ~~Married~~ Single | Widow ~~Widower~~ | ~~Divorced~~ | Number of children living ?

~~Husband~~ Wife of Abijah Rosier, & Alfred Freeland.

Father's Name John Palmer.

Mother's Name Alice Eaton

Cause of Death — Primary: Chronic Interstitial Hepatitis — How long sick 4 years.

Immediate: Acute Cerebral Hyperaemia

~~Accident, Suicide, Homicide~~

Reported by E. V. Leyde M.D.

Address Parkton, Md.

90

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898

Name In Full — Certificate of Death

Ruby V Fuller

Died at Town: Glyndon — County: Balto — MARYLAND

Date 189 9 — Month: Sept — Dey: 30 — Age: Y. 4 M. D. — Native of: Maryland — Occupation: ——

~~Male~~ / Female — White / ~~Colored~~ — ~~Married~~ / Single — ~~Widow~~ / ~~Widower~~ — ~~Divorced~~ — ~~Number of children living~~

Husband / Wife of ——

Father's Name: Wm Fuller — Mother's Name: Jane Fuller

Cause of Death — Primary: " Cholera Infantum — How long sick:

Immediate: Marasmus. 82 — Accident, Suicide, Homicide:

Reported by J Rowland

Address Glyndon Md

Must be signed by physician, if eny in ettendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79858

Attended by Dr. .....

of .....

Seen by Coroner .....

of .....

Information contained in this certificate received

from .....

of .....

Name in Full | Certificate of Death

Olivia Galloway

Died at Town: Texas | County: Balto | MARYLAND

Date 1899 Month: Sept Day: 1st | Age Y. M. D.: 82 - - | Native of: Maryland | Occupation: Housewife

~~Male~~ White Married ~~Widow~~ ~~Divorced~~

Female ~~Colored~~ ~~Single~~ Widower Number of children living 3 -

Husband ~~Wife~~ of Jas. A. Galloway

Father's Name J. S. Cole | Mother's Name Pebel pr Cole

Cause of Death: Primary Softening of brain 43 | How long sick 2 years

Immediate Gastro Enteritis | ~~Accident, Suicide, Homicide~~

Reported by Dr B. R. Benson

Address Cockeysville Balto. Co. Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU: 79706

Name in Full #5498 Certificate of Death

Elizabeth Glenn

Died at Town Bay View Asylum (Insane Dept. County Baltimore County MARYLAND

Date 1899 Month Sept. Day 6th | Age Y. 79 M. D | Native of Germany | Occupation Housewife

~~Male~~ White Married ~~Widow~~ ~~Divorced~~

Female ~~Colored~~ ~~Single~~ ~~Widower~~ Number of children living

~~Husband~~ Wife of Samuel J. Glenn 1231 W. Lombard St. Balto.

Father's Name | Mother's Name

Cause of Death: Primary Old Age 141 | How long sick 19 days here

Immediate Exhaustive | Accident, Suicide, Homicide

Reported by R. A. Urquhart M.D.

Address Bay View Asylum

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79706

Native of Germany

in Baltimore 71 years

Name in Full — Certificate of Death

Mark Grafton

Town — County

Died at — Balto. — MARYLAND

Month	Day	Y.	M.	D.	Native of	Occupetion
9	26	Age infant				

Date 189 9

~~Male~~ / Female — White / Colored — Married / Single — Widow / Widower — Divorced — Number of children living

Husbend / Wife of

Fether's Name Geo. Grafton — Mother's Name

Cause of Deeth: Primary 161 — How long sick

Immediete — Accident, Suicide, Homicide

Reported by Democrat 9-30

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898

Name in Full Marcella Hicks

Certificate of Death

Died at B. V. Asylum (Town) County Baltimore MARYLAND

Date 189 5 Month 9 Day 17 Age Y. 64 M. D. Native of Va. Occupation Nurse

~~Male~~ ~~White~~ Married Widow Divorced

Female Colored Single Widower Number of children living

Husband of Wife

Father's Name

Mother's Name 44

Cause of Death: Primary Apoplexy

Immediate Coma

How long sick 1 day

Accident, Suicide, Homicide

Reported by R. E. Garrett M.D.

Address B. V. Asylum

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968

Name in Full #5535 Certificate of Death

Jerome Hilzer

Died at Town Bay View County Hospital MARYLAND

Date 189 9 Month 9 Day 17 Age Y. 65 M. D. Native of Germany Occupation Street Paver

Male White ~~Married~~ ~~Widow~~ ~~Divorced~~

~~Female~~ ~~Colored~~ ~~Single~~ Widower Number of children living

Husband of Wife

Father's Neme Mother's Neme 97

Cause of Death Primary Chronic Interstitial Nephritis How long sick Indefinite

Immediate Dysintery Accident, Suicide, Homicide

Reported by J. W. Holland M.D.

Address Bay View Hospital

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898

Germany. 65 yr.

in Balto. 33. "

Name in Full John C. Holtzman

Certificate of Death

Town Near Canton County Baltr. MARYLAND

Died at

Date 189 9 Month 9 Day 22 | Age Y. 76 M. D. | Native of Germany | Occupation Carpenter

Male ~~Female~~ White ~~Colored~~ Married ~~Single~~ ~~Widow~~ ~~Widower~~ ~~Divorced~~ Number of children living 5

Husband of Wife

Father's Name

Mother's Name

Cause of Death { Primary 161 Immediate

How long sick

Accident, Suicide, Homicide

Reported by Md. Journal 9-30

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898

Name in Full

Certificate of Death

Harry Rudisill Hunter

Died at Town near Cockeysville County Balto MARYLAND

Month Day Y. M. D. Native of Occupation

Date 189 9 9 16 Age 12

Male ~~Female~~ White ~~Colored~~ ~~Married~~ Single ~~Widow~~ Widower ~~Divorced~~ Number of children living

Husband of

Wife

Father's Name John B. Hunter Mother's Name Olivia B. ——

Cause of Death { Primary Kicked by a horse How long sick

Immediate

145 E

Accident, Suicide, Homicide

Reported by Md. Journal 9-23

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898

M. E. Church, Cockeysville
Rev. Chas. T. Steede assisted by
" J. T. Marsh Dr Thos Bussey
" E. T. Mowbray Texas
" C. D. Taylor
Ministers present were Rev A. T. Pindell,
Sherwood M. E. Church & Rev. Geo
C. Bacon, Baltr.

Name in Full #5539 Certificate of Death

Georgianna Johns

Died at Town Bay View County Hospital Balto. (E.W.) MARYLAND

Date 1899 Month 9 Day 17 | Age Y. 54 M. D. | Native of Md. | Occupation Cook

~~Male~~ ~~White~~ ~~Married~~ Widow ~~Divorced~~

Female Colored ~~Single~~ ~~Widower~~ ~~Number of children living~~

Husband of Wife

Father's Name

Mother's Name 97

Cause of Death: Primary Chronic Brights Disease | How long sick

Immediate Uraemia. | Accident, Suicide, Homicide

Reported by G. Holland M. D.

Address Bay View Hospital

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898

Born Md. 54 yrs.
in Balto. 50 yrs.

Name in Full Rudolph Johnson. Certificate of Death

Died at Town Leatonsville County Balto MARYLAND

Date 189 9 Month Sept Day 14 | Age Y. 19 M. D. | Native of Md | Occupation Farmer.

Male ~~Female~~ ~~White~~ Colored ~~Married~~ Single ~~Widow~~ ~~Widower~~ ~~Divorced~~ ~~Number of children living~~

Husband of Wife X

Father's Name John Johnson. Mother's Name X

Cause of Death: Primary Mania 46 How long sick 3 mos

Immediate Pulmonary Tuberculosis Accident, Suicide, Homicide

Reported by J. Pue Wade,

Address Md Hospital Leatonsville

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79706

Name in Full: Elizabeth Johnston Johnston

Certificate of Death

Died at Town: Lutherville County: Baltimore MARYLAND

Date 1899 Month: Sept Day: 22 | Age Y. 42 M. 1 D. 6 | Native of: Maryland | Occupation: at home

~~Male~~ ~~White~~ Married ~~Widow~~ ~~Divorced~~

Female Colored ~~Single~~ ~~Widower~~ ~~Number of children living~~

Husband / Wife of: James Johnston

Father's Name: William Ross

Mother's Name: Mary Haynes

Cause of Death:
- Primary: Consumption of lungs
- Immediate: Marition 22a

How long sick: over 4 months

~~Accident~~, Sui~~cide~~, Hom~~icide~~

Reported by: Dr. J C Peebles

OVER

Address: Lutherville Md

OVER

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968

Attended by Dr. J Chalmers Peebles

of Lutherville Md

Seen by Coroner _____

of _____

Information contained in this certificate received from _____

of _____

Name in Full Lillian Ames

Certificate of Death

Died at Town Arbutus County Baltimore MARYLAND

Date 189 9 Month 9 Day 11 | Age Y. 11 M. 1/2 D. | Native of | Occupation

Male White Married Widow Divorced

Female Colored Single Widower Number of children living

Husband of Wife

Father's Name

Mother's Name 82

Cause of Death: Primary Entero-Colitis | How long sick 2 mos.

Immediate Marasmus; Exhaustion | Accident, Suicide, Homicide

Reported by C. P. Strauss M.D.

Address 1606 Light St.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898

Name in Full # 5527 Certificate of Death

Edna Florence Jordan

Died at Town Lansdowne. County Baltimore. MARYLAND

Date 1899 Month Sept. Day 14 Age Y. M. D. 3+21 Native of Baltimore Occupation Infant.

~~Male~~ White ~~Married~~ ~~Widow~~ ~~Divorced~~

Female ~~Colored~~ Single ~~Widower~~ ~~Number of children living~~

~~Husband~~ of ~~Wife~~ 82

Father's Name James H. Jordan. Mother's Name Earnestene C. Jordan.

Cause of Death Primary Infantile Diarrhoea and Dendition. How long sick 3 weeks

Immediate Pleurisy and Exhaustion Accident, Suicide, Homicide

Reported by Frank H. Ruhl. M.D.

Address Lansdowne Balt Co. Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898

Name in Full Annie Kale,

Certificate of Death

Died at Town Perry Hall, County Balto. MARYLAND

Date 1899 Month Sept. Day 2 | Age Y. — M. 3 D. 15 | Native of Md. | Occupation —

~~Male~~ White ~~Married~~ ~~Widow~~ Divorced

Female ~~Colored~~ ~~Single~~ Widower ~~Number of children living~~

Husband ~~of~~

Wife

Father's Name John Kale

Mother's Name Connie Aderhart

Cause of Death: Primary Marasmus 82 | How long sick 1 month

Immediate Exhaustion | ~~Accident, Suicide, Homicide~~

Reported by Dr. A. X. Whitford & Son

Address Parkville Balto. Co.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 70808

Name in Full | Certificate of Death

Sarah Jane Keyes

Died at Town: Pimlico Road County: Balto MARYLAND

Date 1899 Month: Sept Day: 14 | Age Y. 69 M. D. | Native of: Kanada | Occupation: Housewife

~~Male~~ White Married Widow ~~Divorced~~

Femele ~~Colored~~ ~~Single~~ Widower Number of children living: Nine

~~Husband~~ Wife of: Robert Keyes

Fether's Name: Georg Hewitt Mother's Name: Maria Armstrong

Cause of Death: Primary: Senile Debility | How long sick: about 2 mth

Immediete: Exhaustion 141 | Accident, Suicide, Homicide

Reported by: W. P. E. Myer

Address: Pikesville Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898

Attended by Dr. .....

of .....

Seen by Coroner .....

of .....

Information contained in this certificate received

from .....

of .....

Name in Full John Kimber

Certificate of Death

Died at Town Granite County Balto MARYLAND

Date 1899 Month 9 Day 7 Age Y. 39 M. 11 D. 10 Native of England Occupation Stone Cutter

Male ~~Female~~ White ~~Colored~~ Married ~~Single~~ ~~Widow~~ ~~Widower~~ ~~Divorced~~

Number of children living 5

Husband ~~Wife~~ of Mary Kimber

Father's Name George Kimber

Mother's Name Malinda Kimber

Cause of Death: Primary Hepatic Cancer

Immediate Exhaustion

How long sick 11 weeks

~~Accident, Suicide, Homicide~~

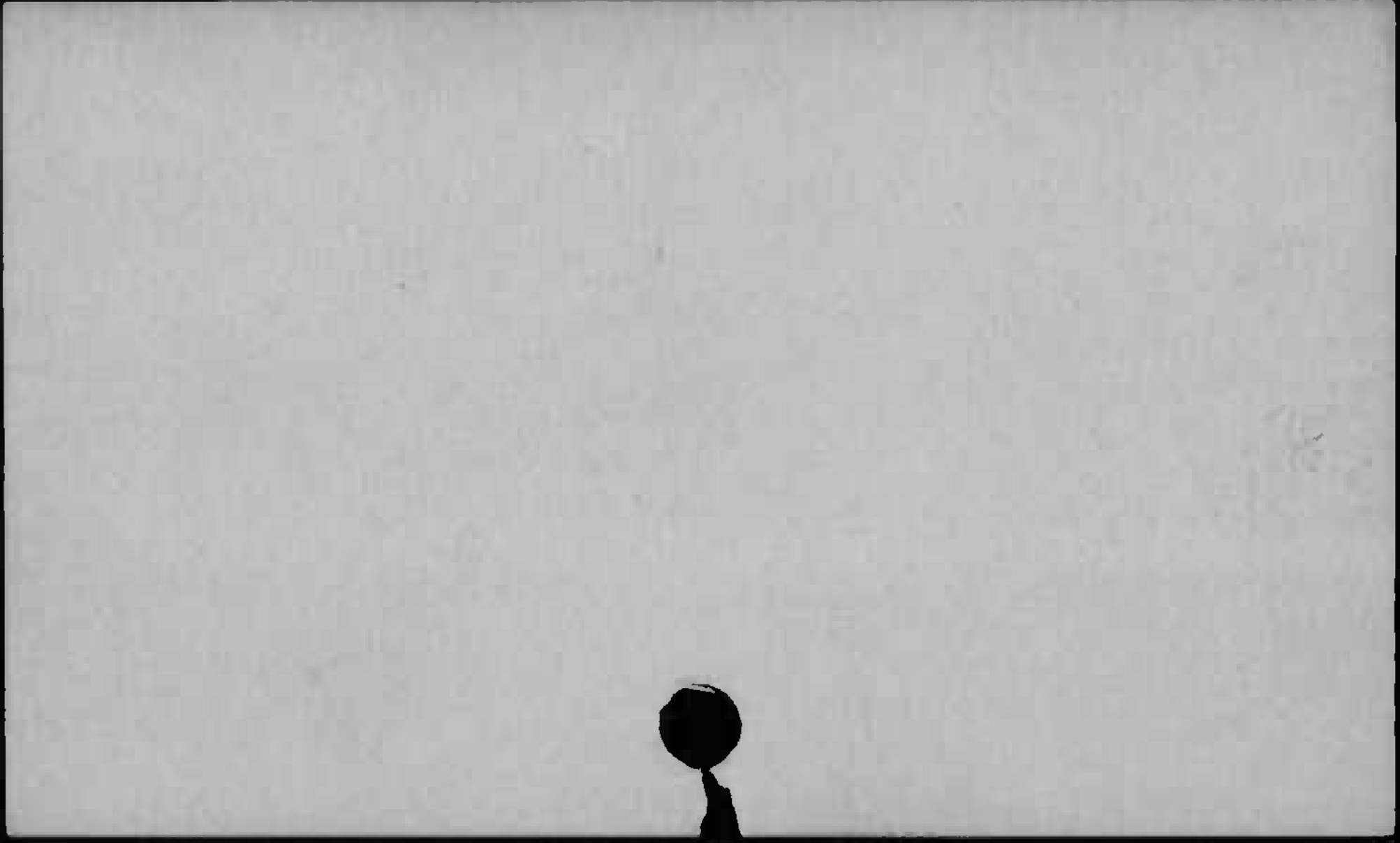
256

Reported by H. F. Shipley MD

Address Granite Md.

Must be signed by physician, if any in attendance, otherwise coroner, undertaker or minister.

LIBRARY BUREAU, 6595B



Name in Full Marie King

Certificate of Death

Died at Town Hampden County Baltimore - 260 Morling Ave MARYLAND

Date 1899 Month Day Sept 26 | Age Y. M. D. 2 months | Native of Balto, Md | Occupation

~~Male~~ White ~~Married~~ ~~Widow~~ ~~Divorced~~

Female ~~Colored~~ Single ~~Widower~~ Number of children living

Husband of Wife

Father's Name Alonza King

Mother's Name Ada V King

Cause of Death: Primary Eclampsia 49 | How long sick

Immediate Malnutrition | Accident, Suicide, Homicide

Reported by Dr R. B. Norment

Address 241 Chestnut Ave Balto Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898

Attended by Dr. R. B. Norment

of #791 Gladstone Ave. Balto Md

Seen by Coroner

of

Information contained in this certificate received

from Dr R. B. Norment & Parents

of Balto Md

Name in Full — Certificate of Death

Annie Knauer,

Died at Town: Pulley Hill — County: Baltimore — MARYLAND

Date 1899 — Month: Sept. — Day: 13. — Age: Y. 47 M. — D. — Native of: Germany — Occupation: Housekeeper

~~Male~~ Female — ~~White~~ ~~Colored~~ — ~~Married~~ ~~Single~~ ~~Widow~~ ~~Divorced~~ — Number of children living 4

~~Husband~~ Wife Simon Knauer,

Father's Name —

Mother's Name —

Cause of Death — Primary: Cirrhosis Liver 90 — How long sick: 13 months

Immediate: Exhaustion — ~~Accident, Suicide, Homicide~~

Reported by A. L. Whiteford M.D. per L. L. Whiteford M.D.

Address Pasadena Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU 70008

Name in Full Nicholas Kroft

Certificate of Death

Died at Town Cowenton County Baltimore MARYLAND

Date 189 8 Month 9 - 6 Day | Age Y. 70 M. D. | Native of | Occupation Shoemaker

Male / Female | White / Colored | Married / Single | Widow / Widower | Divorced

Number of children living

Husband / Wife of

Father's Name

Mother's Name 142 C

Cause of Death { Primary Hanging in a barn | How long sick

Immediate | Accident, Suicide, Homicide

Reported by Balto. Co. Union (Towson) 9-10

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968

Name in Full Mildred Raymond Latchford Certificate of Death

#5495 Millie Latchford

Died at Town Mt. Washington County Balto. — MARYLAND

Date 1899 Month Sept. Day 5 | Age Y. 20. M. D. | Native of Md. | Occupation Operator

Male White Married Widow Divorced

Female Colored Single Widower Number of children living

Husband of Wife

Father's Name Father dead Mother's Name

Cause of Death Primary Typhoid Fever How long sick 22 days

Immediate Exhaustion & Hemorrhage Accident, Suicide, Homicide

Reported by Dr. J. G. Bowen

Address Mt. Washington

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79706

Name in Full — Sauvion

Certificate of Death

Died at Town Catonsville County Baltimore MARYLAND

Date 189 9 Month 9 Day 1st Age Y. M. D. | Native of | Occupation

Male White ~~Married~~ ~~Widow~~ ~~Divorced~~

~~Female~~ ~~Colored~~ Single ~~Widower~~ ~~Number of children living~~

Husband of Wife

Father's Name Frank Sauvion Mother's Name Annie Sauvion

Cause of Death: Primary Still-born | How long sick

Immediate | Accident, Suicide, Homicide

Reported by J. Chas. Macgill, Md.

Address Catonsville Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898

Name In Full Harry M Long

Certificate of Death

Died at Town Reisterstown County Balto MARYLAND

Date 189 9 Month 9 Day 12 Age Y. 35 M. 1 D. 2 Native of Md Occupation none

Male ~~Female~~ White ~~Colored~~ ~~Married~~ Single ~~Widow~~ ~~Widower~~ ~~Divorced~~ ~~Number of children living~~

Husband of Wife

Father's Name Samuel J Long Mother's Name Susana B. Long

Cause of Death Primary

Immediate Pericarditis 55

How long sick

Accident, Suicide, Homicide

Reported by H. M. Slade

Address Reisterstown

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79998

Attended by Dr. _____

of _____

Sent by Carriage _____

_____

Information contained in this certificate re-
ceived from _____

of _____

Name in Full

Certificate of Death

Mary K. Lyons

Died at Town Cockeysville County Baltimore MARYLAND

Date 1898 Month 9 Day Age Y. 20 M. D. Native of Occupation

~~Male~~ White ~~Married~~ ~~Widow~~ ~~Divorced~~

Female ~~Colored~~ Single ~~Widower~~ ~~Number of children living~~

Husband of Wife

Father's Name

Mother's Name

Cause of Death Primary Typhoid fever 1

Immediate

How long sick

Accident, Suicide, Homicide

Reported by Bal. Co. Dem. Towson

Address 9-10

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968

Name in Full #5494 Joseph McCardell

Certificate of Death

Died at Town Sparrow's Point County Balt - Co MARYLAND

Date 189 Month Sept Day 5" 99 Age Y. 49 M. 6 D. Native of Balt. Occupation Carpenter

Male ~~Female~~ White ~~Colored~~ Married ~~Single~~ ~~Widow~~ ~~Widower~~ ~~Divorced~~ ~~Number of children living~~

Husband of Wife Catherine McCardell

~~Father's Name~~ ~~Mother's Name~~ 57

Cause of Death Primary Heart Disease How long sick Year or Mon

Immediate Failure ~~Accident, Suicide, Homicide~~

Reported by G Woodward, MD

Address Sparrow's Point, Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898

Name in Full Willie McCommons

Certificate of Death

Died at Town Thomas Wilson Sanitarium County Baltimore MARYLAND

Date 1899 Month Sept. Day 3rd | Age Y. M. 3 D. | Native of | Occupation

Male White ~~Married~~ ~~Widow~~ ~~Divorced~~

~~Female~~ ~~Colored~~ Single ~~Widower~~ ~~Number of children living~~

Husband of Wife 82

Father's Name Mother's Name

Cause of Death: Primary Gastro - Enteritis | How long sick

Immediate " " | Accident, Suicide, Homicide

Reported by Wm. M. Dabney, M.D.

Address Thomas Wilson San.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898

Name in Full No. 5573 Certificate of Death

Mary McNamee

Died at Town Bay View County Hospital Balto MARYLAND

Date 189 9 Month 9 Day 30 Age Y. 76 M. D. Native of Ireland Occupation Homemife

~~Male~~ White ~~Married~~ Widow ~~Divorced~~

Female ~~Colored~~ ~~Single~~ ~~Widower~~ Number of children living

Husband of Wife

Father's Name Mother's Name 42

Cause of Death Primary Paraplegia How long sick

Immediate Apoplexy Accident, Suicide, Homicide

Reported by J. N. Holland M.D.

Address Bay View Hospital

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79708

√Born Ireland 76 yrs.
Balto. 62. "

Name in Full Susie Maddox

Certificate of Death

Maddox

Died at Town Melvale County Balto

MARYLAND

Date 189 Month Sept. Day 13th 1895 Age Y. 16 M. D. Yrs Native of Md Occupation Seamstress

Male ~~White~~ Married Widow Divorced

Female Fore Colored Single Single ~~Widower~~ ~~Number of children living~~

Husband of Wife

Father's Name Not Known Mother's Name Not Known

Susie Maddox

Ceuse of Death Primary Typhoid Fever / Immediate Exhaustion

How long sick 5 weeks

Accident, Suicide, Homicide

Reported by W. Winsey M.D for Dr M.D

Address 1220 E. Fayette St Brown. Physician to the Home

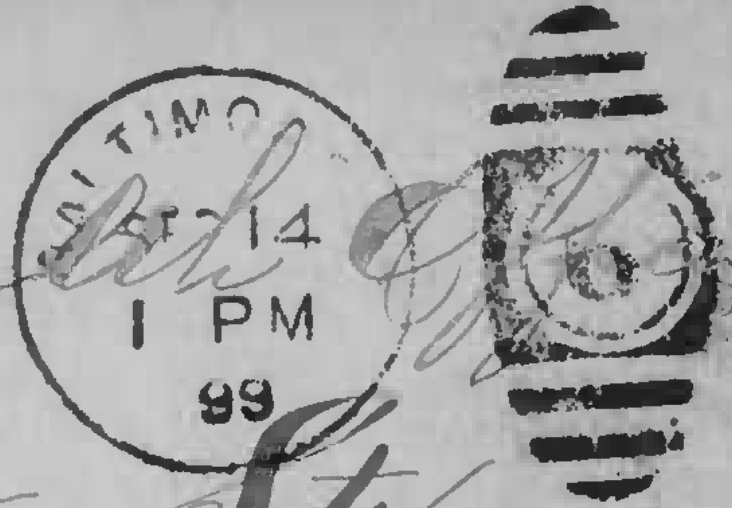
Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79998

Local Health Office

10 South St

Local.



Name In Full — Certificate of Death

Elizabeth Mansfield

Died at — Town: Pleasant Hill — County: Balto — MARYLAND

Date 189 9 — Month Day: Sept 19 — Age Y. M. D.: 30 — Native of: New Jersey — Occupation: None

~~Male~~ / Female — White / ~~Colored~~ — Married / ~~Single~~ — ~~Widow~~ / ~~Widower~~ — ~~Divorced~~ — Number of children living: Three

~~Husband~~ / Wife of: Dr. E. D. Mansfield

Father's Name: Wm. Hugg — Mother's Name: Mary S. Hugg

Cause of Death — Primary: Peritonitis 120 — How long sick: 2 wks

Immediate: Exhaustion & Gastritis — ~~Accident~~, Suicide, Homicide

Reported by: A. D. Mansfield M.D.

Address: Owings Mills Balto. Co. Md.

Must be signed by physician, if eny in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU. 70805

Attended by Dr. _____

of _____

Seen by Coroner _____

of _____

Information contained in this certificate r-.
ceived from _____

of _____

Name in Full # 5270 Certificate of Death

Mary L. Martell

Town County

Died at Balto. MARYLAND

	Month	Day		Y.	M.	D.	Native of	Occupation
Date 1899	9	16	Age	6			md	

~~Male~~ White Married Widow Divorced

Female ~~Colored~~ Single Widower Number of children living

Husband of Wife

Father's Name Mother's Name

Copy

Cause of Death { Primary

Immediate Diphtheria 8a

How long sick 5 days

Accident, Suicide, Homicide

Reported by E. L. Williams,

Address City.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79896

Name in Full | Certificate of Death

George Washington Martin

Died at Town Shawan County Baltimore MARYLAND

Date 189 9 Month Sept Day 22 | Age Y. 44. M. D. | Native of | Occupation Laborer

Male White Married Widow Divorced

~~Female~~ Colored Single Widower Number of children living

~~Husband~~ ~~Wife~~ of Mary Martin

Father's Name Johnnie Martin Mother's Name Susan Martin

Cause of Death: Primary La-Grippe 9 | How long sick

Immediate Abscess of Brain | Accident, Suicide, Homicide

Reported by Dr J E Benson

Address Sickesville Maryland

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898

Name In Full John C. Mooney

Certificete of Death

Died et Town Oella County Baltimore MARYLAND

Dete 1899 Month 9 Day 11 | Age Y. 45 M. D. | Native of Maryland | Occupetion Boss in Factory

Male ~~Female~~ White ~~Colored~~ Married ~~Single~~ Widow Wid[redacted] ~~Divorced~~

Number of children living 4

Husband of Wife Mary Moon[redacted] 22a

Father's Name Hugh Mooney

Mother's Name Sarah Mooney

Cause of Death Primary Consumption

Immediate Superinduced Maliaia Poison

How long sick

Accident, Suicide, Homicide

Reported by Milton Easton

Address Ellicott City

Must be signed by physician, if eny in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU. 79898

Attended by Dr. Rogers

of Emmorlitz Md.

Seen by Coroner

of

Information contained in this certificate re-

ceived from

of

Name in Full #5558 Certificate of Death

Peter Murphey

Died at Town Carroll County Balto MARYLAND

Date 1899 Month Sept. Day 23 | Age Y. 65 M. — D. — | Native of Ireland | Occupation Laborer

Male ~~Female~~ White ~~Colored~~ ~~Married~~ ~~Single~~ ~~Widow~~ Widower ~~Divorced~~ ~~Number of children living~~

Husband of —
Wife —

Father's Name — Mother's Name —

Cause of Death { Primary Prelim Tuberculosis
Immediate Asthma 22a

How long sick entered Sept. 5th

~~Accident, Suicide, Homicide~~

Reported by D. H. Cohle

Address Visiting physician to St Agnes

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898

Patient resided in Baltimore

but do not know when.

Name in Full # 5530 Certificate of Death

Mary Margarete Muth

Died at Town Catonsville County Baltimore MARYLAND

Date 1899 Month Sept Day 14 | Age Y. 42 M. D. | Native of Maryland | Occupation Housewife

~~Male~~ White Married ~~Widow~~ ~~Divorced~~

Female ~~Colored~~ ~~Single~~ ~~Widower~~ Number of children living none

~~Husband~~ Wife of George L. Muth 97

Father's Name John L Schaab Mother's Name Christiana Albert Schaab

Cause of Death Primary Chronic Parenchymatous Nephritis How long sick Two years

Immediate Uraemic Coma ~~Accident, Suicide, Homicide~~

Reported by Geo G Macgill

Address Catonsville

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister. Md

LIBRARY BUREAU, 79898

Name In Full | Certificate of Death

Daniel Myers

Died at Town: Towson | County: Balto | MARYLAND

Date 1899 | Month: 9 | Day: 15 | Age Y. 26 M. — D. | Native of: Md | Occupation: Laborer

Male ~~Female~~ | ~~White~~ Colored | Married ~~Single~~ | Widow ~~Widower~~ | ~~Divorced~~ | Number of children living: None

Husband ~~Wife~~ of: Jennie Myers

Father's Name: Charles Myers | Mother's Name: 81

Cause of Death: Primary | How long sick: 18 Days

Immediate: Gastritis Acute | ~~Accident, Suicide, Homicide~~

Reported by: Dr R. C. Marsenburg

Address: Towson Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79[illegible]

Name in Full: Robert Nicholson

Certificate of Death

Died at — Town: Crowdentown. County: Balto Md — MARYLAND

Date 1894 — Month: Sept Day: 17 | Age: Y. 27 M. – D. – | Native of: Md. | Occupation: Laborer

Male ~~White~~ ~~Married~~ ~~Widow~~ ~~Divorced~~

~~Female~~ Colored Single ~~Widower~~ ~~Number of children living~~ None

Husband / Wife of: unmarried

Father's Name: Lemuel Nicholson

Mother's Name: Margaret Nicholson

Cause of Death:
- Primary: Cirrhosis of Liver 90
- Immediate: – – – Asthenia

How long sick: 6 to 7 WKS

None of these: Accident, Suicida, Homicide.

Reported by: P Kintzing

Address: 424 N Green St Balto.

OVER

OVER

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968

Attended by Dr. P Kintzing M D

of 424 N Greene St

Seen by Coroner

of

Information contained in this certificate received from Alfred Nicholson

of 770 Bradley St

City

Not buried here

Name in Full #5493 Certificate of Death

John Leonard Ott

Died at Town Back River County Baltimore MARYLAND

Date 1899 Month Sept Day 5th | Age Y. 26 M. years D. | Native of Baltimore | Occupation Clothing Cutter

Male ~~Female~~ White ~~Colored~~ ~~Married~~ Single ~~Widow~~ ~~Widower~~ ~~Divorced~~ Number of children living

~~Husband~~ ~~Wife~~ of

Father's Name Joseph L Ott Mother's Name Mary A Ott

Cause of Death Primary Drowning 148 How long sick

Immediate Accidentally drowned

Accident, Suicide, Homicide

Reported by William Leyshon JP.

Address 31 N Clinton St Acting Coroner

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU. 79898

Attended by Dr. .....

of .....

Seen by Coroner William Leyshon

of Baltimore County

Information contained in this certificate received

from brother

of Deceased, Geo F. Ott

Name in Full 5505

Certificate of Death

Mr. Dennis A. Owens

Town Towson County Balto.

Died at Hospital for Consumptives MARYLAND

Date 189	Month	Day	Age	Y.	M.	D.	Native of	Occupation
	9	8		61	—	—	Md.	Carpenter

Male ~~Female~~ White ~~Colored~~ ~~Married~~ ~~Single~~ ~~Widow~~ Widower ~~Divorced~~ Number of children living Two

Husband of ~~Wife~~

Father's Name

Mother's Name

Cause of Death: Primary Phthisis Pulmonalis. How long sick 17 Months.

Immediate Exanition 22a ~~Accident, Suicide, Homicide~~

Reported by L. Kaufmann Gruen, M. D.

Address Towson Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 70898

Patient has been in City
for last 5 months.

Name in Full Mary L. Owens

Certificate of Death

Died at near Town Mt. Hope County Balt. MARYLAND

Date 189 9 Month 9 Day 23 | Age Y. 26 M. D. | Native of | Occupation

~~Male~~ Female | White Colored | ~~Married~~ Single | ~~Widow~~ Widower | ~~Divorced~~ Number of children living

Husband of

Wife

Father's Name Frank Owens

Mother's Name Bridget ——

Cause of Death { Primary 161 How long sick

Immediate

Accident, Suicide, Homicide

Reported by Md. Journal

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898

Name in Full

Certificate of Death

M. Catherine Peters

Town

County

Died at Sweet Air

Balto.

MARYLAND

Date 1899 Month 9 Day 25 | Age Y. 5 M. 9 D. | Native of | Occupation

~~Male~~ White Married ~~Widow~~ ~~Divorced~~

Female ~~Colored~~ ~~Single~~ ~~Widower~~ Number of children living 1

Husband ~~Wife~~ of Frederick Peters

Father's Name

Mother's Name

Cause of Death { Primary fall 152a

Immediate

How long sick

Accident, Suicide, Homicide

Reported by Md. Journal 9-30

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898

Name In Full 5571 Certificete of Death

5571 Wm. H. Pfeifer,

Died at Town Parkville County Baltimore MARYLAND

Date 1899 Month Sept. Dey 29 Age Y. - M. 4 - D. Native of Balto. Co. Occupation —

Male ~~Female~~ White ~~Colored~~ Married Single Widow Widower Divorced Number of children living —

Husband of Wife —

Father's Name John D. Pfeifer Mother's Neme Christina Kroll

Ceuse of Death Primery Marasmus 82 How long sick 3 weeks

Immediete Exhaustion. ~~Accident~~, ~~Suicide~~, ~~Homicide~~

Reported by A. X. Whiteford M.D. for L. T. Whiteford M.D.

Address Parkville Md.

Must be signed by physician, if any in ettendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79893

Name in Full Barbara Phelps. Certificate of Death

Died at Town Dickeyville County Balto MARYLAND

Date 1899 Month Sept Day 1st Age Y. 35 M. D. Native of America Occupation Wife

~~Male~~ White Married ~~Widow~~ ~~Divorced~~

Female ~~Colored~~ ~~Single~~ ~~Widower~~ Number of children living 2

~~Husband~~ Wife of George B. Phelps.

Father's Name Andrew Shaeffer Mother's Name

86

Cause of Death Primary How long sick 5 days.

Immediate Intussusception ~~Accident~~, ~~Suicide~~, ~~Homicide~~

Reported by George F. Everhart. M.D.

Address Dickeyville Balto Co Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU. 65968

Name in Full John Poremski

Certificate of Death

Died at ~~Town~~ Patapsco Neck County Baltimore MARYLAND

Date 189 9 Month 9 Day 14 | Age Y. 6 M. D. | Native of | Occupation

Male White ~~Married~~ ~~Widow~~ ~~Divorced~~

~~Female~~ ~~Colored~~ Single ~~Widower~~ ~~Number of children living~~

Husband of Wife

Father's Name

Mother's Name

Cause of Death: Primary Entero-Colitis 82 | How long sick 3 weeks

Immediate | Accident, Suicide, Homicide

Reported by John H. Rehberger, M.D.

Address 1709 Alicanna, Sn

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79998

Name in Full George Poulson

Certificate of Death

Died at Town Canton County Baltimore MARYLAND

Date 189 a Month 9 Day 15 Age Y. M. D. Native of Occupation

Male ~~White~~ Married Widow Divorced

~~Female~~ Colored Single Widower Number of children living

Husband of Wife

Father's Name

Mother's Name 152a

Cause of Death Primary Fall of fertilizer, covering

Immediate his body x suffocating him

How long sick

Accident, Suicide, Homicide

Reported by Wm. Leychong C.P. Coroner.

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79998

Name In Full

Elias Queen

Certificate of Death

Died at Town Hallsville County Balt MARYLAND

Date 1899 Month 9 Day 18 Age Y. 53 M. D. Native of Md Occupation Laborer

Male ~~Female~~ ~~White~~ Colored ~~Married~~ ~~Single~~ ~~Widow~~ Widower ~~Divorced~~ ~~Number of~~ children living

Husband of Wife X

Father's Name Joseph Queen Mother's Name Eliza Queen

Cause of Death Primary Dropsy 155a How long sick 8 days

Immediate Exhaustion ~~Accident, Suicide, Homicide~~

Reported by T. S. Hall M.D.

Address Mt Winans

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79899

Attended by Dr. _____

of _____

Seen by Coroner _____

of _____

Information contained in this certificate was received from _____

of _____

Name in Full ~~XX~~ 5510 Certificate of Death

Alvina C. Raimhild

Died at Town Fernside. County Baltimore MARYLAND

Date 1899 Month Sept. Day 9th Age Y. 32 M. 9 D. — Native of Baltimore Occupation House Wife

~~Male~~ Female ~~White~~ ~~Colored~~ ~~Married~~ ~~Single~~ ~~Widow~~ ~~Widower~~ ~~Divorced~~ Number of children living none

~~Husband~~ Wife of Lewis Raimhild

Father's Name Henry Petzold. Mother's Name Annie Petzold.

Cause of Death { Primary Cancerous Tumor of Throat. How long sick about 3 years.

Immediate Asphyxia — 25a ~~Accident~~, ~~Suicide~~, ~~Homicide~~

Reported by Frank H. Ruhl. M.D.

Address Lansdowne. Balt. Co. Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79706

Name in Full John Jacob Rau

Certificate of Death

Died at 31 Third St. Town County Baltimore MARYLAND

Date 1899 Month 9 Day 19 Age Y. 17 M. D. Native of Occupation

Male White ~~Married~~ ~~Widow~~ ~~Divorced~~

~~Female~~ ~~Colored~~ Single ~~Widower~~ ~~Number of children living~~

Husband of Wife

Father's Name

Mother's Name 22 f

Cause of Death: Primary Phthisis Florida

Immediate Exhaustion

How long sick

Accident, Suicide, Homicide

Reported by C. M. Athey, M.D.

Address 2 Hudson St., Ext.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898

Name in Full

Certificate of Death

Blanch Randall

Died at Town Hillsville County Balto MARYLAND

Date 1899 Month 9 Day 11 | Age Y. 2 M. D. | Native of Philad | Occupation —

~~Male~~ ~~White~~ ~~Married~~ Widow ~~Divorced~~

Female Colored Single ~~Widower~~ Number of children living

Husband of Wife X

Father's Name Wm Randall Mother's Name Olivia Randall

Cause of Death Primary Cholera Infantum How long sick 2 mo

Immediate Exhaustion 82 ~~Accident, Suicide, Homicide~~

Reported by T B Hall M.D.

Address Mt Winans Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898

Name In Full

Maggie Redel,

Certificate of Death

Died at Town: Parkville County: Baltimore MARYLAND

Date 1894 Month: Jan. Day: 26 | Age Y. 50 M. 4 D. — | Native of Germany | Occupation Housewife

~~Male~~ Female | White ~~Colored~~ | Married ~~Single~~ | ~~Widow~~ ~~Widower~~ | ~~Divorced~~ | Number of children living 6

~~Husband~~ Wife of Andrew Redel,

Father's Name ——— | Mother's Name 87 ———

Cause of Death: Primary — Fatty Deg. Heart - Menopause

Immediate — Failure Dyspnea

How long sick 16 days

~~Accident, Suicide, Homicide~~

Reported by H. F. Whitford, M.D. for L. F. Whitford M.D.

Address Parkville Harford Road.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 70969

0-70-12-17

Name in Full

Thos. N. Reid

Certificate of Death

Died at Town near Powhatan County Balto. MARYLAND

Date 189 9 Month 9 Day 3 | Age Y. 87 M. D. | Native of | Occupation

Male ~~Female~~ | White Colored | Married Single | Widow Widower | Divorced Number of children living

Husband of
Wife

Father's Name

Mother's Name

Cause of Death { Primary 161 Immediate

How long sick

Accident, Suicide, Homicide

Reported by Union 9-9

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79998

Name in Full — Reiter

Certificate of Death

Died at Town Relay County Baltimore MARYLAND

Date 1899 Month 9 Day 30 | Age Y. M. D. 36 hrs. | Native of | Occupation

Male ~~Female~~ | White ~~Colored~~ | ~~Married~~ Single | ~~Widow~~ ~~Widower~~ | ~~Divorced~~ ~~Number of children living~~

Husband of Wife 137

Father's Name Wm. F. Reiter

Mother's Name Elizabeth L. Reiter

Cause of Death: Primary Defective formation of [illegible] | How long sick

Immediate internal organs | Accident, Suicide, Homicide

Reported by A. Williams, M.D.

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898

Name in Full ✱ 5531 Certificate of Death

Edward Richards.

Died at Town Woodbrook P.O. County Baltimore MARYLAND

Date 1899 Month Sept. Day 15 | Age Y. 71. M. — D. | Native of Balto Co. | Occupation Gardener

Male / White Married ~~Widow~~ ~~Divorced~~

~~Female~~ ~~Colored~~ ~~Single~~ ~~Widower~~ Number of children living 7.

Husband ~~Wife~~ of Mrs Rebecca Read Richards

Father's Name Thomas Richards Mother's Name Katherine Richards

Cause of Death { Primary Chronic Nephritis 97 | How long sick 4 to 5 months

Immediate Asthenia | ~~Accident, Suicide, Homicide~~

Reported by William J. Todd M.D.

Address Mt Washington Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898

Name in Full

#5500 Lula Roan

Certificate of Death

Town

ed at Bay View

County

Hospital

MARYLAND

Month	Day	Y.	M.	D.	Native of	Occupation
9	3	23			Va.	Domestic

te 189?

~~Male~~ Female ~~White~~ Colored ~~Married~~ Single ~~Widow~~ ~~Widower~~ ~~Divorced~~ Number of children living

usband of

ife

ther's Name

Mother's Name

22a

Cause of Death: Primary — Pulmonary Phthisis — How long sick — Indefinite

Cause of Death: immediate — Cerebritis

Accident, Suicide, Homicide

Reported by Dr. Holland M. D.

Address Bay View Hospital

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898

Born. Va. 23 yr.

Balto. 11 "

Name in Full #5540

Dr. Benj T. Robertson

Certificate of Death

Died at Catonsville (Town) Baltimore Co (County) MARYLAND

Date 1899 Month Aug Day 18 | Age Y. 44 M. D. | Native of Va | Occupation Physician

Male / Female | White / Colored | Married / Single | Widow / Widower | Divorced

Number of children living two known

Husband of Wife

Father's Name —

Mother's Name —

Cause of Death: Primary — Insanity

Immediate — Strangulation

46

How long sick 6 mos

Accident, Suicide, Homicide

Reported by [illegible] M D

Address Catonsville

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65868

Name in Full — Certificate of Death

Martha Robinson

Died at Town: Fairview — County: Balt. — MARYLAND

Date 189 9 — Month: 9 — Day: 4 — Age: Y. 71 M. 2 D. 23 — Native of: Balt. Co. — Occupation: Housewife

Male / Female — White / Colored — Married / Single — Widow / Widower — Divorced — Number of children living: 4

Husband of / Wife: Mrs. Robinson

Father's Name: Samuel Liggins — Mother's Name: Rachel A. Liggins

Cause of Death — Primary: Indigestion — Immediate: Paralysis — How long sick: 4 days

Accident, Suicide, Homicide

Reported by: Dr. Jas. H. Wilson

Address: Balt. Fairview Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898

Name in Full #3561

Charlotte J. Scheine

Certificate of Death

Town: Catonsville

County: Baltimore

Died at: MARYLAND

Date 189 0 — Month: Sept — Day: 24 — Age: Y. 49 M. D. — Native of: Md — Occupation: Housekeeper

~~Male~~ / Female

White / ~~Colored~~

Married / ~~Single~~ / ~~Widow~~ / Widower / Divorced

Number of children living: Unknown

~~Husband~~ / Wife of John H Scheine

Father's Name: Unknown

Mother's Name: 46

Cause of Death — Primary: Insanity

Cause of Death — Immediate: Strangulation

How long sick: three months

Accident, Suicide, ~~Homicide~~

Reported by: Samuel F Owens JP Coroner

Address:

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 66966

Name in Full John Schleuh

Certificate of Death

Died at Town Alm's House County Balto. Co. MARYLAND

Date 189 9 Month 9 Day 7 | Age Y. 68 M. D. | Native of | Occupation

Male ~~Female~~ White ~~Colored~~ Married Single Widow Widower Divorced Number of children living

Husband of Wife

Father's Name

Mother's Name

Cause of Death { Primary Brights disease / Immediate

How long sick

Accident, Suicide, Homicide

Reported by J. C. Bussey

Address Texas Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898

Name In Full

Mary Eva Shanahan

Certificate of Death

Died at Town: Parkville County: Baltimore MARYLAND

Date 1894 Month: Sept Day: 18 | Age Y.: 28 M.: 6 D.: 25 | Native of: Balto Co | Occupation: Housewife

~~Male~~ Female | White ~~Colored~~ | Married ~~Single~~ | ~~Widow~~ Widower | ~~Divorced~~ | Number of children living: 4

~~Husband~~ Wife of John Shanahan

Father's Name: Andrew Miller | Mother's Name: Mary Miller

Cause of Death — Primary: Typhoid Fever, 1 | How long sick: 14 days

Immediate: Cardiac Failure | ~~Accident, Suicide, Homicide~~

Reported by A. X. Whitford, M.D. per L. X. Whitford, M.D.

Address: Parkville, Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 7900R

Name in Full

Certificate of Death

Wm Hermand Shultz

Died at Town Powhatan County Balto MARYLAND

Date 1899 Month Sept Day 9 | Age Y. - M. 8 D. 10 | Native of ~~[illegible]~~ | Occupation —

Male ~~Female~~ White ~~Colored~~ ~~Married~~ Single ~~Widow~~ ~~Widower~~ ~~Divorced~~ ~~Number of children living~~

Husband of Wife

Father's Name Jacob Shultz

Mother's Name Pearl Shultz

Cause of Death: Primary Cerebro Spinal Meningitis

Immediate Convulsions 396

How long sick

~~Accident, Suicide, Homicide~~

Reported by A. C. Smirk M. D.

Address Hebbville Maryland.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898

Name in Full Margaret A. Smith

Certificate of D

Died at Town Lutherville County Baltimore MARYLA

Date 1899 Month Sept Day 16th Age Y. 75 M. 6 D. 18 Native of Md Occupation at home

~~Male~~ White Married Widow ~~Divorced~~

Female ~~Colored~~ ~~Single~~ ~~Widower~~ Number of children living two

Husband of Wife F. D. Smith

Father's Name Thomas Parlett Mother's Name E Clematus

Cause of Death Primary Paralysis 44 How long sick a year

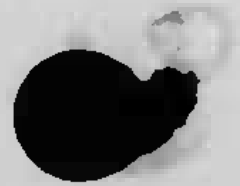
Immediate heart failure Accident, Suicide, Homici

Reported by T. C. Peebles Md

Address Lutherville Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 7970



Name In Full Catherine Stansbery

Certificate of Death

Died at Town Becklysville County Balto. MARYLAND

Date 1894 Month 9 Day 22 Age Y. 83 M. D. Native of Years Occupation Retired

~~Male~~ White ~~Married~~ Widow ~~Divorced~~

Female ~~Colored~~ ~~Single~~ ~~Widower~~ Number of children living

Husband of Wife Could not find out Correctly

Father's Name dont know Mother's Name 141

Cause of Death Primary General Debility How long sick Six weeks

Immediate and old age Accident, Suicide, Homicide

Reported by J. B. Morris M.D.

Address Becklysville Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898

Name in Full

Certificate of Death

Fred. William Stardtee

Town

County

Baltimore

Died at

MARYLAND

Date 1899 Month Sept. Day 8

Age Y. M. D.

Native of

Occupation

Male White Married Widow Divorced

Female Colored Single Widower Number of children living

Husband of

Wife

Father's Name

Mother's Name 143

Cause of Death

Primary Fractured skull and

Immediate internal injuries

How long sick

Accident, ~~Suicide, Homicide~~

Reported by William Dupshon J.P.

Address Acting Coroner

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898

Name in Full #5541 Certificate of Death

Mary E. Tull

Died at Town Bay View County Hospital MARYLAND

Date 1899 Month 9 Day 19 | Age Y. 17 M. D. | Native of Balto City | Occupation Domestic

~~Male~~ White ~~Married~~ ~~Widow~~ ~~Divorced~~

Female ~~Colored~~ ~~Single~~ ~~Widower~~ ~~Number of children~~ living

Husband of Wife

Father's Name

Mother's Name 22 f

Cause of Death: Primary Ophthisis Florida | How long sick 4 months

Immediate Immunition Asthenia | Accident, Suicide, Homicide

Reported by J. W. Holland M.D.

Address Bay View Hospital

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898

Name in Full | Certificate of Death

Catharine Apalonia Van Reuth

Died at Town Lauraville County Balto. MARYLAND

Date 1899 Month Sept Day 13 | Age Y. 85 M. 1 D. 1 | Native of Holland | Occupation Housework

~~Male~~ White Married Widow ~~Divorced~~

Female ~~Colored~~ ~~Single~~ ~~Widower~~ Number of children living 7

Husband of Wife Felix Van Reuth

Father's Name Geradus vandonnas Mother's Name

Cause of Death: Primary Pneumonia 72 | How long sick 9 months

Immediate Senile decay | Accident, Suicide, Homicide

Reported by Wm D. Corse M. D.

Address Gardenville. Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79706

Name in Full #5574

Johanna M. Ward

Certificate of Daath

Died at Town: Mt Hope Retreat County: Balto. MARYLAND

Date 1899 Month: 9 Day: 30 | Age: about 65 Y. M. D. years | Native of | Occupation

~~Male~~ Female | White ~~Colored~~ | ~~Married~~ Single | Widow ~~Widower~~ | ~~Divorced~~ ~~Number of children living~~

Husband / Wife of

Father's Name

Mother's Name 46

Cause of Death: Primary: Uraemia Chronic

Immediate: Pul. Tuberculosis,

How long sick ~~3 yrs~~ - 26 yrs

Accident, Suicide, Homicide

Reported by Frank J. Flannery M D

Address Mt Hope Retreat

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79706

Residence Boston Mass.

Name In Full — Certificate of Death

James T. Welch

Died at — Town: St Georges — County: Balto — MARYLAND

Date 1899 — Month: Sep — Day: 3 — Age: Y. 6 M. 5 D. 11 — Native of: Md — Occupation: —

Male ~~White~~ ~~Married~~ ~~Widow~~ Divorced

~~Female~~ Colored Single ~~Widower~~ Number of children living

Husband of Wife: 226

Father's Name: John T. Welch — Mother's Name: Henrietta Welch

Cause of Death — Primary: Tubercular Meningitis — How long sick

Immediate: Exhaustion — Accident, Suicide, Homicide

Reported by: Thos Kellison M.D.

Address: 18 E. 20th St. Baltimore Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898

Name in Full #5547

Certificate of Death

Margaret Wendler

Died at Town: Mt Hope Retreat County: Balto. MARYLAND

Date 1899 Month: 9 Day: 18 Age Y.: 64 M.: — D.: — Native of: Germany Occupation:

~~Male~~ Female White ~~Colored~~ Married ~~Single~~ Widow ~~Widower~~ ~~Divorced~~ ~~Number of children living~~

Husband of / Wife —

Father's Name —

Mother's Name 46

Cause of Death: Primary Melancholia (Toxic) How long sick abt 2 mos-

Immediate Pneumonia (Hypostatic) one wk-

~~Accident, Suicide, Homicide~~

Reported by Frank J. Flannery M.D.

Address Mt Hope Retreat

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU 79708

Residents of Baltimore City

Name In Full

Certificate of Death

Ann R Whalen

Died at Town Reisterstown County Balto MARYLAND

Date 1899 Month Sept Day 6 Age Y. 76 M. D. Native of Maryland Occupation None

~~Male~~ White ~~Married~~ ~~Widow~~ Divorced

Female ~~Colored~~ ~~Single~~ ~~Widower~~ ~~Number of children living~~

Husband of Wife

Father's Name Wm Whalen Mother's Name Sarah Whalen

Cause of Death Primary " Immediate Cancer of Stomach

How long sick Six months

Accident, Suicide, Homicide

Reported by H. M. Slade 25b

Address Reisterstown

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79808

Attended by Dr. .....

of .....

Seen by Coroner .....

of .....

Information contained in this certificate received

from .....

of .....

Name in Full

Certificate of Death

David L. Wolfe

Died at Town Western Run Valley County Balto. MARYLAND

Date 189 9 Month 9 Day 15 Age Y. 68 M. D. Native of Occupation

Male White Married ~~Widow~~ ~~Divorced~~

~~Female~~ ~~Colored~~ ~~Single~~ ~~Widower~~ Number of children living 2

Husband of Wife

Father's Name

Mother's Name

Cause of Death Primary apoplexy 42

Immediate

How long sick

Accident, Suicide, Homicide

Reported by Md. Journal 9-23

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898

Name in Full Elizabeth Woods Woodward

Certificate of Death

Died at Town Roland Park County Balto MARYLAND

Date 189 9 Month Sept Day 24 Age Y. 30 M. 5 D. 10 Native of Occupation

~~Male~~ Female White ~~Colored~~ Married ~~Single~~ Widow Widower Divorced Number of children living 3

~~Husband~~ Wife of Richard

Father's Name Hiram Woods Mother's Name 117

Cause of Death Primary Postportum Hemorrhage How long sick 12 hours

Immediate Accident, Suicide, Homicide

Reported by J. M. Hundley M.D.

Address 1009 Cathedral St.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898

Name In Full #5521 Certificate of Death

Mary E. Worthington

Died at Town Catonsville County Baltimore MARYLAND

Date 189 9 Month Sept Day 13 | Age Y. 1 M. 13 D. | Native of | Occupation

Male ~~Female~~ | White ~~Colored~~ | Married Singla Widow Widower Divorced | Numbar of childran living

Husband of
Wife

Father's Name Richard H Worthington | Mother's Name Eloise Bond

Cause of Death: Primary Marasmus & 2 | How long sick 5 weeks

Immediata Inanition | Accident, Suicide, Homicide

Reported by J Chas Macgill

Address [redacted] Catonsville

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79508

Name in Full Warren A. Wright

Certificate of Death

Died at 943 Town Bolde St. County Baltimore MARYLAND

Date 189 9 Month 9 Day 11 | Age Y. M. D. | Native of Phila | Occupation

Male White ~~Married~~ ~~Widow~~ ~~Divorced~~

~~Female~~ ~~Colored~~ Single ~~Widower~~ ~~Number of children living~~

Husband of Wife

Father's Name

Mother's Name 82

Cause of Death: Primary Gastro Enteritis | How long sick 4 weeks

Immediate Exhaustion | Accident, Suicide, Homicide

Reported by C. N. Athey, M.D.

Address 11 Hudson St., Ept

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898

Name in Full

Certificate of Death

Sarah L. Zimmerman

Died at Town Arlington County Balto MARYLAND

Date 189 9 Month Sept Day 27 | Age Y. M. D. | Native of | Occupation

~~Male~~ White Married ~~Widow~~ ~~Divorced~~

Female ~~Colored~~ ~~Single~~ ~~Widower~~ ~~Number of children living~~

Husband of Wife Nelson Zimmerman

Father's Name

Mother's Name

Cause of Death { Primary Phthisis

Immediate Exhaustion

How long sick Twelve months

Accident, Suicide, Homicide

Reported by Chas. I. Hill. M. D.

Address Arlington Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU. 79898

Attended by Dr. .....

of .....

Seen by Coroner .....

of .....

Information contained in this certificate received

from .....

of .....